



05-19-04

Tfed 174681

Application Serial No.: 09/941,339

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Frank Muller-Rinke  
Title: SEPARATOR FOR LEAD STORAGE BATTERIES  
Appl. No.: 09/941,339  
Filing Date: 08/29/2001  
Examiner: Jonathan Crepeau  
Art Unit: 1746  
Conf. No.: 5922  
Atty. Dkt. No.: 054821-0837  
(formerly 1245-01)

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 431582871 US (Express Mail Label Number)	05/18/04 (Date of Deposit)
Roberta A. Cooper (Printed Name)	
<i>Roberta A. Cooper</i> (Signature)	

AMENDMENT AND REPLY UNDER 37 CFR 1.111

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

This communication is responsive to the Non-Final Office Action dated February 18, 2004, concerning the above-referenced patent application.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this document.

**Remarks/Arguments** begin on page 4 of this document.

Please amend the application as follows:



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EV 431582871 US (Express Mail Label Number)	05/18/04 (Date of Deposit)
_____ Roberta A. Cooper (Printed Name) _____ <i>Roberta A. Cooper</i> (Signature)	

**AMENDMENT TRANSMITTAL**

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Amendment and Reply Under 37 CFR 1.111 (12 pages).
- Information Disclosure Statement Under 37 CFR § 1.56 (3 pages).
- Form PTO/SB/08 (4 pages) with 105 References.
- Check number 14041 in the amount of \$180.00 in payment of Information Disclosure Statement Fee.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	=	Extra Claims Present	x	Rate	=	Additional Claims Fee
Total Claims:	14	-	20	=	0	\$18.00	=	\$0.00
Independent Claims:	2	-	3	=	0	\$86.00	=	\$0.00
				First presentation of any Multiple Dependent Claims:	+	\$290.00	=	\$0.00
							CLAIMS FEE TOTAL	= \$0.00

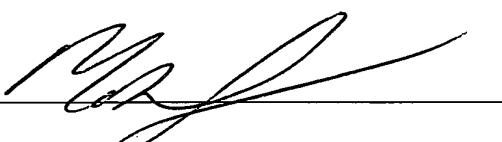
[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date  
5/18/04

By



FOLEY & LARDNER LLP  
Customer Number: 26371  
Telephone: (414) 297-5564  
Facsimile: (414) 297-4900

Marcus W. Sprow  
Attorney for Applicant  
Registration No. 48,580